STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
GREGGPAC		
ADDRESS (number and	120 NORTH CONGRESS STREET #300	
(Check if address is changed)	JACKSON	MS 39201 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) pbreazeale@bsoltd.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	n/a	
2. DATE 0.4		
3. FEC IDENTIFICA4. IS THIS STATEM		
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an Treasurer Paul Breazeale	d complete
Signature of Treasurer	Electronically Filed by Paul Breazeale	Date 04 / 06 / Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this State	,
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 203 684 1100	